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INTRODUCTION TO THEORETICAL NURSING KNOWLEDGE

Learning Objectives

After completing this chapter the student should be able to

1. Identify and define terminology related to theoretical thinking
2. Identify and describe several types of theoretical works in nursing
3. Identify and explain the four metaparadigm concepts of nursing

Key Terms

- Assumptions
- Clarity
- Concept
- Conceptual model
- Derivable consequences
- Empirical precision
- Environment
- Generality
- Health
- Human being (person)
- Metaparadigm
- Nursing
- Philosophies of nursing
- Proposition
- Simplicity
- Theory

BACKGROUND AND OVERVIEW

ALTHOUGH THE BEGINNING OF NURSING theory development can be traced to Florence Nightingale, it was not until the second half of the twentieth century that nursing theory caught the attention of nursing as a discipline. During the decades of the 1960s and 1970s, theory development was a major topic of discussion and publication. During the 1970s, much of this discussion related to the development of a single global theory for nursing. However, in the 1980s, attention turned away from the development of a global theory for nursing, as scholars began to recognize the validity of multiple approaches to theory development in nursing.

Because of the plurality in nursing theory, this information must be organized to be meaningful for practice, research, and further knowledge development. The goal of this chapter is to present an organized and practical overview of the major concepts that are essential to understanding theoretical perspective in professional nursing practice. Definitions of key terms are included throughout the discussion.

STRUCTURE OF NURSING KNOWLEDGE

TO APPLY NURSING THEORY IN practice, the nurse must have some knowledge of the theoretical works of the nursing profession. Theoretical works in nursing are generally categorized either as philosophies, conceptual models, theories, or middle-range theories, depending on the level of abstraction. The most abstract of these theoretical works are the philosophies of nursing, followed by the conceptual models, theories, and middle-range theories. However, the metaparadigm of the discipline is considered the highest level of abstraction.

Metaparadigm of Nursing

Before discussing the metaparadigm concepts that are important to nursing, it is important to define the term "concept." A **concept** is a term

or label that describes a phenomenon or group of phenomena (Meleis, 2007). The label may be a word or phrase that summarizes ideas, observations, and experiences so as to provide a mental image for the purpose of facilitating communication and understanding about the phenomenon (Fawcett, 2005). The phenomenon described by a concept may be either empirical or abstract. An empirical concept is one that can be either observed or experienced through the senses. An abstract concept is one that is not observable, such as hope or caring (Hickman, 2002).

A metaparadigm is the most global perspective of a discipline. A **metaparadigm** is defined by Fawcett (2005, p. 4) "as the global concepts that identify the phenomenon of central interest to a discipline, the global propositions that describe the concepts, and the global propositions that state the relations between or among the concepts." Each discipline singles out phenomena of interest that it will deal with in a unique manner. The concepts and propositions that identify and interrelate these phenomena are even more abstract in the metaparadigm than those found in the conceptual models, yet identification of these metaparadigm concepts allows members of the discipline to identify and communicate the boundaries of the subject matter specific to the discipline (Kim, 2000). Most disciplines have a single metaparadigm but multiple conceptual models. Multiple conceptual models allow the members of the discipline to view the phenomena of interest in different ways (Fawcett, 2005).

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While several proposals have sought to define what should be included as the metaparadigm concepts for the discipline of nursing, most scholars accept the central concepts of the discipline of nursing as person (human being), environment, health, and nursing:

- **Human being or person:** individuals, families, communities, and other groups who are participants in nursing
- **Environment:** human beings' significant others and physical surroundings as well as local, regional, national, and worldwide cultural, social, political, and economic conditions that are associated with human beings' health
- **Health:** human processes of living and dying
- **Nursing:** the definition of nursing, the actions taken by nurses on behalf of or in conjunction with human beings, and the goals or

> outcomes of nursing actions; the process of which encompasses activities that are referred to as assessment, diagnosis (labeling), planning, intervention, and evaluation (Fawcett, 2005, p. 6)

Because concepts are so abstract at the metaparadigm level, many conceptual models have developed from the metaparadigm of nursing. Subsequently, multiple theories have been developed from each conceptual model in an effort to describe, explain, and predict the phenomena within the model. These conceptual models and theories of nursing represent various paradigms derived from the metaparadigm of the discipline of nursing. Therefore, although each of the conceptual models and nursing theories may link and define the four metaparadigm concepts somewhat differently, the four metaparadigm concepts are generally present and defined either implicitly or explicitly in each of the models and theories.

Philosophies of Nursing

Philosophies of nursing set forth the general meaning of nursing and nursing phenomena through reasoning and the logical presentation of ideas. Philosophies are broad and address general ideas about nursing. Because of their breadth, nursing philosophies contribute to the discipline by providing direction, clarifying values, and forming a foundation for theory development (Alligood, 2006). Four theoretical works that have been categorized as philosophies of nursing will be presented in Chapters 3 through 6 of this book.

Conceptual Models of Nursing

Conceptual models are composed of abstract and general concepts and propositions that provide a frame of reference for members of a discipline. This frame of reference determines how the world is viewed by members of a discipline and guides the members as they propose questions and make observations relevant to the discipline (Fawcett, 1994). A **conceptual model** is specifically defined as a set of concepts and statements that integrate the concepts into a meaningful configuration (Lippitt, 1973; as cited in Fawcett, 1994). **Assumptions** are accepted as truth and represent the values and beliefs of the theory or conceptual framework.

Assumptions form the basis for defining concepts and framing propositions (Meleis, 2007). A **proposition** is a statement about a concept or a statement of the relation between two or more concepts (Fawcett, 2005).

Conceptual models of nursing are models containing abstract concepts that are not directly observable and that are not limited to a particular type of patient, situation, or event (Fawcett, 2005, p. 16). At the level of the conceptual model, each metaparadigm concept is defined and described in a manner unique to the model, with the model providing an alternative way to view the concepts considered important to the discipline. The definitions and overall framework presented in a conceptual model are formal and explicit. Thus they identify the purpose and scope of nursing for nurses, for other healthcare providers, and for the public. In addition, they provide a framework for recording the effects of nursing. Using a conceptual model or framework also helps to provide consistency in nursing practice by facilitating communication and provides a mechanism for engaging in a systematic approach to nursing research, education, and practice (Fawcett, 2005, p. 17–18).

Nursing Theories

A nursing **theory** is more specific than a conceptual model (Alligood, 2010). A "theory is an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole . . . discovered or invented for describing, predicting, or prescribing events, situations, conditions, or relationships" (Meleis, 2007, p. 37). More specifically, nursing theory is defined by Meleis (p. 41) as "a conceptualization of some aspect of reality (invented or discovered) that pertains to nursing. The conceptualization is articulated for the purpose of describing, explaining, predicting, or prescribing nursing care." According to Fawcett (1994), "The primary distinction between a conceptual model and a theory is the level of abstraction. A conceptual model is a highly abstract system of global concepts and linking statements. A theory, in contrast, deals with one or more specific, concrete concepts and propositions."

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Theories vary in their scope and level of abstraction. The theory that is broad in scope and highly abstract conceptually may be referred to

as a grand theory, whereas the theory that has a narrow scope and is more concrete or practical may be referred to as a middle-range theory (Fawcett, 2005, p. 19). Middle-range theories also generally include fewer concepts and propositions (Fawcett, 2005), represent a limited or partial view of nursing reality and are more appropriate for empirical testing (Liehr & Smith, 1999), and are more applicable to practice (Smith, 2008).

Nursing theories may be derived from existing conceptual models of nursing. Such theories evolve from nursing reality as perceived by the theorist. Nurse theorists, like other nurses, are affected by both historical events and philosophical influences in their lives. Nursing theories may also evolve from a perception of ideal nursing practice. As a consequence, various nursing theories represent different realities and address different aspects of nursing (Meleis, 2007). For this reason, the multiplicity of nursing theories presented in the following chapters should not be viewed as competing theories, but rather as complementary theories that may provide insight into different ways to describe, explain, and predict nursing concepts and/or prescribe nursing care.

Curley (2007, p. 3) describes this understanding in an interesting way by comparing the multiplicity of nursing theories to a collection of maps of the same region. Each map may display a different characteristic of the region, such as rainfall, topography, or air currents. Although all of the maps are accurate, the best map for use depends on the information needed or the question being asked. This is precisely the case with the nurse's choice of nursing theories for practice.

ANALYSIS AND EVALUATION OF THEORETICAL KNOWLEDGE IN NURSING

SEVERAL AUTHORS HAVE DEVISED CRITERIA for the analysis and evaluation of nursing conceptual models and theories. In general, the criteria that are used for analysis include examination of the origins of the model relative to logic and reasoning as well as the work of other scholars who have influenced the thinking of the theorist, the unique focus of the model, and the definitions of the metaparadigm concepts (Fawcett, 2005, p. 52–53). Other authors suggest that the criteria for analysis should include clarity,

simplicity, generality, empirical precision, and derivable consequences (Chinn & Kramer, 2008, p. 237). **Clarity** refers to consistency in terms of terminology and structure—or put simply, "How clear is the theory?" (p. 237). **Simplicity** is highly valued in nursing model and theory development: "How simple is this theory?" (p. 237). **Generality** refers to the scope of the concepts and the purpose of the theory (Alligood, 2010, p. 12) and is reflected in the question, "How general is this theory?" (Chinn & Kramer, 2008, p. 237). The fourth criterion in analytic schema is **empirical precision**, which is linked to the testability and usability of the theory (Alligood, 2010, p. 13). Chinn and Kramer (2008, p. 237) express this notion by asking, "How accessible is this theory?" Finally, the last criterion is "How important is this theory?" (p.237)—that is, the **derivable consequences** of the theory.

Can you think of any additional criteria that should be added to the list for analysis and evaluation of models and theories? If so, what are they? Share your rationale for adding these criteria.

Suggested evaluation criteria include an explanation of the origins of the model and an examination of statements of values and philosophical claims of the theorist. This step is followed by an exploration of the comprehensiveness of the content of the model, which entails looking at the depth and the breadth of the model to ascertain, for example, if definitions of the metaparadigm concepts of the discipline are included. The third step considers whether the structure of the model is logical.

Step 4 considers whether the model will lead to further theory generation, and step 5 of the evaluative process focuses on the credibility of the model for use in practice. As a part of the criterion for step 5, attention is also paid to the factors of social utility, social congruence, and social significance. The criterion of social utility considers whether special education is required to use the model in practice. The criterion of social congruence considers whether the model will lead to nursing activities that meet the expectations of the public. The criterion of social significance considers whether the model makes differences in the health conditions of the public.

Finally, in step 6 of the evaluation process, a determination is made as to the contributions of the model to the discipline of nursing. This determination is reflects the findings from a review of literature, where the expectation is that the model will enhance understanding of the phenomena of interest rather than being based up any type of comparison of one model to another (Fawcett, 2005, p. 54–57).

A combination of these criteria will be used in the brief analysis of each nursing model and theory in the chapters that follow in this book. While some of the theories will fare better than others based on the way they satisfy these criteria, in the final analysis all of the theorists whose work is included in the subsequent chapters of this book have made substantial contributions to the discipline of nursing.

Classroom Activity 1-1

Select one nursing model or theory for review. Review the chapter in this book that pertains to this model or theory, and conduct an analysis and evaluation of the theory, using the criteria presented in this chapter, based on the information in the model- or theory-specific chapter. Compare your evaluation with the evaluations made by your fellow students, and discuss areas of agreement and disagreement.

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